



**State of Hawaii
Department of Health
Clean Water Branch**

**Do NOT submit
this document.**

Guidelines for CWB-NOI Form D

**Guidelines for Notice of Intent for Hawaii Administrative Rules,
Chapter 11-55, Appendix D, National Pollutant Discharge Elimination
System (NPDES) Notice of General Permit Coverage (NGPC)**

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1. Owner Information

The owner is the organization or person who owns or leases the facility or land where the leaking underground storage tank is located. The acknowledgment of receipt of the NOI and the NGPC will be sent to the street or mailing address provided for this item.

2. Owner Type

If "Other" is checked, indicate the category type or types of the owner.

3. Operator Information

The operator is the organization or person who manages the daily activities at the facility.

4. Facility Information

For facilities which are part of a larger corporation, indicate the corporation name and the name by which the facility is known to the employees (i.e., ABC Inc. - DEF Facility). Provide the street address or a description of where the facility is located (i.e., 1234 15th Drive or northwest corner of 1st Street and X Avenue).

5. Receiving State Water(s) Information

a. Receiving State Water(s) Name

- i. If the discharge first enters a separate storm drainage system, provide the name of the receiving State water body that the separate storm drainage system enters.
- ii. The discharge point is generally the discharge's point of first contact with receiving State waters. If the discharge first enters a separate storm drainage system, provide the coordinates to the nearest one (1) second for the outfall where the separate storm drainage system enters State waters. If possible, use the Global Positioning System (GPS) or Geographical Information System (GIS) to obtain the coordinates. Otherwise, use a U.S. Geological Survey (USGS) or any other appropriate map to interpolate the coordinates.
- iii. State water classification is available on the Water Quality Standards Map dated October 1987 or in HAR, Chapter 11-54.

b. Attach the information requested in Item 5.a. on a separate sheet if there are additional discharge points. Properly label the discharge points with numbers which correspond to the location map(s) and flow chart(s) submitted. If there are multiple inlets to a single discharge point and multiple discharge points, designate which inlet leads to each discharge point.

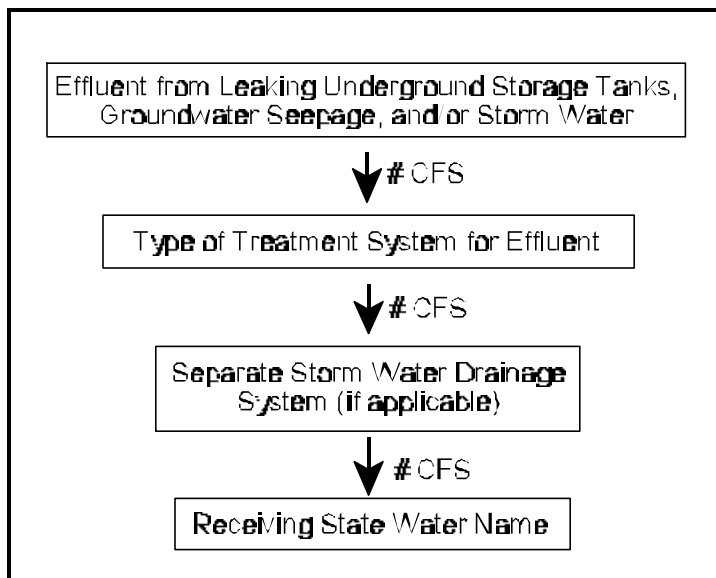
c. Discharges applicable to Item 5.c. include any treated effluent which discharges to the roadway right-of-way and which flows into a separate storm drainage system or initially enters a separate storm drainage system through a direct connection. Provide the coordinates to the nearest one (1) second where the treated effluent enters the separate storm drainage system

or roadway right-of-way. If possible, use the GPS or GIS to obtain the coordinates. Otherwise, use a USGS or any other appropriate map to interpolate the coordinates.

6. Location Map

- a. Provide the location map on 8-1/2 by 11 inches sized paper or folded to 8-1/2 by 11 inches. Show at least one mile beyond the property boundaries of the facility on the map.
- b. Indicate the discharge point(s) associated with the remedial activity at the facility on a plat map or other appropriate map, including all of the required information. The discharge point(s) may include where the discharge exits the facility and enters the roadway right-of-way and then flows into a separate storm drainage system and/or where the discharge directly enters the State receiving waters.

7. Flow Chart



An example of a line drawing indicating how the treated effluent from the leaking underground storage tank(s) flows through the facility and the approximate amount of flow is shown. Indicate any treatment system(s) used. The quantity of discharge may be estimated if no data is available.

8. Existing or Pending Permits, Licenses, or Approvals

- a. Indicate any additional NPDES Permit number and/or NGPC File number which is associated with this facility.
- b. Provide any Department of the Army (DA) file number associated with the facility.
- c. Provide the Section 401 Water Quality Certification (WQC) file number associated with the DA Permit.
- d. Provide the RCRA Permit number for any hazardous wastes stored or used at the facility.
- e. For SARA Facilities, indicate the chemicals and their quantities on site.
- f. Others (i.e., Underground Injection Control file number).

9. NGPC Renewal

If this is a CWB-NOI Form for NGPC renewal, provide the NGPC file number previously assigned to this facility in the space provided.

10. Automatic Coverage

a. Claiming Automatic Coverage

The owner or operator may request automatic coverage under the applicable NPDES General Permit if the CWB-NOI Form is for a new discharge and he/she believes that the CWB-NOI Form is complete, the filing fee has been paid, and that they are complying with the applicable NPDES General Permit requirements. In order to claim automatic coverage, the NOI shall contain all site-specific plans, contractor information, and all necessary permits. The risks involved with claiming automatic coverage include:

- i. The CWB-NOI Form may later be found to be incomplete by the Director or by a court;
- ii. The owner or operator may not be covered under the terms of the General Permit, even if the CWB-NOI Form is complete;
- iii. The owner or operator may be acting in conflict with the NPDES General Permit or HAR, Chapter 11-55 even if the owner or operator is complying with its CWB-NOI Form; and
- iv. The Director may modify, revoke and reissue, or terminate an NGPC under HAR, Section 11-55-34.11.

b. Waiving Automatic Coverage

The owner or operator agrees to wait until receipt of the NGPC issued by the Department before starting the activity or discharge.

11. North American Industrial Classification System (NAICS) United States Structure Codes

See General Guidelines for NOI Forms, Note IV.

12. Physical Effluent Quality

Place an "X" in either the "Believe Present" column or the "Believe Absent" column based on the test results or your best estimate. Provide an explanation for why each parameter is believed to be present in the discharge, as applicable.

13. Water Quality Parameters

- a. All of the parameters must be tested and reported. Provide a copy of the laboratory data sheets with Quality Assurance/Quality Control and Chain of Custody documents, as applicable.
- b. The source water quality data may be collected from sites allowed by the director.
- c. Test results shall be obtained from a representative sample. "Representative sample" as defined in HAR, Chapter 11-55, Appendix A, Section 14(a):

"As used in this section, a representative sample means that the content of the sample shall:

- (1) Be identical to the content of the substance sampled at the time of the sampling;
- (2) Accurately represent the monitored item (for example, sampling to monitor final effluent quality shall accurately represent that quality,

even though the sampling is done upstream of the discharge point);
and

- (3) Accurately represent the monitored item for the monitored time period (for example, sampling to represent monthly average effluent flows shall be taken at times and on days that cover significant variations). Representative sampling may include weekends and storm events and may mean taking more samples than the minimum number specified elsewhere in the applicable general permit.

The burden of proving that sampling or monitoring is representative is on the permittee."

- d. One test result may be reported for Salinity, Chloride, or Conductivity.
- e. The test results shall be reported to the nearest decimal place or whole number as shown in the parentheses following each parameter. For example, "Temperature (0.1 °C)" - Temperature shall be reported to the nearest tenth of a centigrade and "Ammonia Nitrogen (1 µg/l)" - Ammonia Nitrogen shall be reported to the nearest whole microgram per liter.
- f. Indicate the test method used for the parameter. The test methods that may be used are promulgated in 40 CFR Part 136 and, when applicable, listed in the references of chemical methodology for seawater analyses (see HAR, Chapter 11-54, Section 10(b)). If a test method has not been promulgated for a particular parameter, you may apply for approval of an alternate test procedure by following 40 CFR Section 136.4.
- g. The detection limit of the test methods used shall reflect the applicable numerical limitations as specified in HAR, Chapter 11-54 and shall be indicated.
 - i. The test method indicated shall have the detection limit below and closest to the numerical limit specified in HAR, Chapter 11-54. For situations where the numerical limitation is below the detection limit of the test methods, use the test method which has the detection limit closest to the numerical limitation.
 - ii. If the test result is not detectable, indicate that the test result is "N.D." or "not detected."

14. Toxic Parameters

- a. Test and report on the parameters which are believed to be present in the effluent (i.e., petroleum products, etc.). Provide a copy of the laboratory data sheets with Quality Assurance/Quality Control and Chain of Custody documents, as applicable.
- b. The parameters are categorized into Metals, Organonitrogen Compounds, Pesticides, Phenols, Phthalates, Polynuclear Aromatic Hydrocarbons, Volatile Organics, and Others and are listed alphabetically. A Glossary of Chemicals is listed in Note V of the General Guidelines for NOI Forms.
- c. Fill in each space to indicate that each parameter has been considered. If a parameter does not apply to the activities associated with the facility or discharge, enter "N/A" for "not applicable" in the "Test Result" column to show that the parameter was considered.
- d. The test results shall be reported in micrograms per liter.
- e. Indicate the test method used for the parameter. The test methods that may be used are promulgated in 40 CFR Part 136 and, when applicable, listed in the references of chemical methodology for seawater analyses (see HAR, Chapter 11-54, Section 10(b)). If a test method has not been promulgated for a particular parameter, you may apply for approval of an alternate test procedure by following 40 CFR Section 136.4.

- f. The detection limit of the test methods used shall reflect the applicable numerical limitations as specified in HAR, Chapter 11-54 and shall be indicated.
 - i. The test method indicated shall have the detection limit below and closest to the numerical limit specified in HAR, Chapter 11-54. For situations where the numerical limitation is below the detection limit of the test methods, use the test method which has the detection limit closest to the numerical limitation.
 - ii. If the test result is not detectable, indicate that the test result is "N.D." or "not detected."

15. Treatment System Operator Information

The treatment system operator is the organization or person who is conducting the remedial activities at the leaking underground storage tank(s).

16. Treatment System Operations Plan

The treatment system operations plan shall specify the treatment system to be used and describe its operation in detail. If any treatment technology is being considered other than the Granular-Activated Carbon Process or the Air-Stripping Process, then additional technical information on the technology which is consistent with the General Permit shall be submitted to the Director for review as soon as the decision for its use has been made. The treatment system operations plan shall be modified as required by the Director. The plan shall describe accepted engineering practice of how the process and physical design of the treatment facilities will ensure compliance with the General Permit.

a. Treatment System to be used

Provide the type of the treatment system to be used. Include the following:

- i. Detailed description of the treatment system operation (method of treatment of the effluent),
- ii. Maintenance procedures,
- iii. Testing schedules, and
- iv. Instruction manuals for the operating personnel.

b. Discharge Schedule

Provide the best estimate of the date(s) on which the facility will begin and terminate the discharge.

c. Effluent Discharge Information

- i. The average daily flow rates and the maximum daily flow rates are based on the Treatment System Operations Plan for the facility.
- ii. Frequency of Discharge

Indicate how often the discharge into receiving State waters will occur, as applicable.

- (1) "Continuous discharge" means a "discharge" which occurs without interruption throughout the operating hours of the facility, except for infrequent shut-downs for maintenance, process changes, or other similar activities.

(2) "Intermittent discharge" means a discharge that is not continuous.

- d. Contingency plan to be activated in the event of an emergency
- e. Provisions for system shut-down and any other measures for the protection of health and safety of employees and the public
- f. Sampling plan, including the following for the treated groundwater:
 - i. Sampling procedures;
 - ii. Location of sampling;
 - iii. Person/position responsible for sampling;
 - iv. Flow estimation period;
 - v. Laboratory that will analyze samples;
 - vi. Test methods and detection levels for each parameter;
 - vii. Quality Assurance/Quality Control; and
 - viii. Chain of custody of samples.

g. Certification of the Treatment System Operations Plan

The proposed treatment system shall be certified by the design engineer with a signature and the professional engineering license number in a report or letter. The report or letter may be included in the Treatment System Operations Plan and shall also certify that:

- i. All of the treatment system's startup and operation instruction manuals are adequate and available to operating personnel.
- ii. All treatment system maintenance and testing schedules are included in the Treatment System Operations Plan.
- iii. Effluent sampling locations and ports are located in areas where samples representative of the waste stream to be monitored can be obtained.

17. Additional Information

Any other site-specific information pertaining to the facility may also be provided in this section. Additional sheets may be attached with reference to Item 17.

18. Authorization of Representative

- a. Alteration of the text in this item will result in the invalidation of the authorization statement(s).
- b. Authorization statements are provided for the owner to complete as required. Options include statement a, b, c, a and c, or d.
 - i. Option "a": This authorization begins with NOI processing and ends upon the owner's receipt of the NPDES Notice of General Permit Coverage.
 - ii. Option "b": This authorization begins with NOI processing and ends upon termination of the discharge to State waters.

- iii. Option "c": This authorization begins upon the owner's receipt of the NGPC and ends upon termination of the discharge to State waters.
- iv. Option "d": If authorization statements a, b, and/or c do not meet the intent of the authorization, the owner or its duly authorized representative may attach a separate authorization statement specifying the limited authorization of the representative.
- c. Additional information will be requested from the authorized representative (with a copy to the owner) at the street or mailing address or phone or fax number provided for this item, as applicable.
- d. Provide the duly authorized representative's information in the applicable item(s). There shall be only one duly authorized representative at any time. The designated duly authorized representative may be changed by the owner at any time during the processing of the CWB-NOI Form or the term of the NGPC. The duly authorized representative will no longer be authorized effective on the date of receipt of any new authorization statement from the owner.
- e. Pursuant to HAR, Section 11-55-34.08(f), all other reports or responses to requests for information required by the director shall be signed by a person designated in HAR, Section 11-55-07(a) or by a duly authorized representative of that person.
- f. HAR, Sections 11-55-07(b) and (c) state:
 - "(b) A person is a duly authorized representative only if:
 - (1) The authorization specifies either an individual or a position having responsibility for the overall operation of the regulated facility or activity such as the position of plant manager, superintendent, or position of equivalent responsibility, or an individual or position having overall responsibility for environmental matters for the company, (A duly authorized representative may thus be either a named individual or any individual occupying a named position.);
 - (2) The authorization is made in writing by a person designated under subsection (a); and
 - (3) The written authorization is submitted to the director.
 - (c) If an authorization under subsection (b) is no longer accurate because a different individual or position has responsibility for the overall operation of the facility, a new authorization satisfying the requirements of subsection (b) must be submitted to the director prior to or together with any reports, information, or applications to be signed by an authorized representative."

19. Certification

- a. Do not alter the statements in or format of this item. Alteration of this item will result in the invalidation of this CWB-NOI Form submittal.
- b. The person certifying this CWB-NOI Form must meet one of the descriptions as indicated in this item and be employed by the owner listed in Item 1.